

FEE:\$ 11.05

PERMIT NO. _____

Check payable to:
CITY OF CONCORD

CITY OF CONCORD
Health Services
37 Green Street
Concord NH 03301

APPLICATION FOR CHARITABLE SOLICITATION PERMIT

Name of Organization: _____ Phone _____

Address of Organization: _____

Name of Person in charge of solicitation: _____

Address _____ Phone _____

Purpose for which solicitation is to be made: _____

Methods to be used: _____

Is organization registered under New Hampshire Law with the Secretary of State? _____

Is organization registered under New Hampshire Law with the Attorney General? _____

How long has organization been in existence? _____

Nature of organization: religious, charitable, educational, civic, veteran, fraternal:

NOTE: Please see back to complete this application

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

Signature of Applicant _____ Date _____

This application must be submitted fourteen (14) days prior to the proposed dates of solicitation to allow for the processing of this application.

THIS PERMIT DOES NOT GIVE PERMISSION TO SOLICIT BUSINESS ESTABLISHMENTS WITHOUT THE OWNER'S/MANAGER'S PERMISSION.

Approved _____ Date _____

Licensing Officer

PLEASE COMPLETE:

Proposed Location (s) & Address	Dates	Hours

NOTE: Each group/person must have a copy of the City permit when more then one location is being used for an event.

